



3629  
41

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	09/653,767
		Filing Date	September 1, 2000
		First Named Inventor	Scott T. ALLAN
		Examiner Name	Ouellette, Jonathan P.
		Group Art Unit	3629
Total Number of Pages in This Submission	18	Attorney Docket No.	A-68678/RMA(467766-93)
<b>ENCLOSURES</b> (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Issue Fee Transmittal	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Check No. 6612 for \$210.00	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, No. of CD(s) _____	<input checked="" type="checkbox"/> Return receipt postcard	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	<b>RECEIVED</b> JUL 21 2004 <b>GROUP 3600</b>	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual name	Maria S. Swiatek, Reg. No. 37,244 <b>For:</b> R. Michael Ananian DORSEY & WHITNEY LLP 4 Embarcadero Center, Suite 3400 San Francisco, CA 94111 Telephone : 415 781 1989		Customer Number 32940
Signature			
Date	July 13, 2004		
<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 7/13/04			
Typed or printed name	Claudia Galik		
Signature		Date	July 13, 2004



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JUL 21 2004

**AMENDMENT  
FEE CALCULATION  
2003**

Complete if Known

**GROUP 3600**

Application No.	09/653,767
Filing Date	September 1, 2000
First Named Inventor	Scott T. ALLAN
Group Art Unit	3629
Examiner Name	Ouellette, Jonathan P.
Atty. Docket Number	A-68678/RMA (467766-93)

Claims as Amended in Response to Office Action dated: February 13, 2004

METHOD OF PAYMENT (Check One)	AMENDMENT FEE CALCULATION (Continued)																																																																												
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No.: 50-2319 Deposit Account Name: <u>DORSEY &amp; WHITNEY LLP</u> <input checked="" type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)	<b>3. ADDITIONAL FEES</b>																																																																												
2. <input checked="" type="checkbox"/> Check Enclosed	<table><thead><tr><th>Large Entity Fee</th><th>Small Entity Fee</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>110</td><td>55</td><td>Extension for reply within first month</td><td></td></tr><tr><td>410</td><td>205</td><td>Extension for reply within second month</td><td>210.00</td></tr><tr><td>930</td><td>465</td><td>Extension for reply within third month</td><td></td></tr><tr><td>1,450</td><td>725</td><td>Extension for reply within fourth month</td><td></td></tr><tr><td>1,970</td><td>985</td><td>Extension for reply within fifth month</td><td></td></tr><tr><td>320</td><td>160</td><td>Notice of Appeal</td><td></td></tr><tr><td>320</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr><tr><td>280</td><td>140</td><td>Request for oral hearing</td><td></td></tr><tr><td>110</td><td>55</td><td>Terminal Disclaimer Fee</td><td></td></tr><tr><td>110</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr><tr><td>1,300</td><td>650</td><td>Petition to revive – unintentional</td><td></td></tr><tr><td>1,300</td><td>650</td><td>Utility/Reissue issue fee (inc. advance copies)</td><td></td></tr><tr><td>130</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr><tr><td>180</td><td>180</td><td>Submission of IDS</td><td></td></tr><tr><td>750</td><td>375</td><td>Request for Continued Examination (RCE)</td><td></td></tr><tr><td colspan="4">Other fee (specify):</td></tr><tr><td colspan="3">Subtotal (2)</td><td>210.00</td></tr><tr><td colspan="3">Total Amount of Payment:</td><td>\$210.00</td></tr></tbody></table>	Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	110	55	Extension for reply within first month		410	205	Extension for reply within second month	210.00	930	465	Extension for reply within third month		1,450	725	Extension for reply within fourth month		1,970	985	Extension for reply within fifth month		320	160	Notice of Appeal		320	160	Filing a brief in support of an appeal		280	140	Request for oral hearing		110	55	Terminal Disclaimer Fee		110	55	Petition to revive – unavoidable		1,300	650	Petition to revive – unintentional		1,300	650	Utility/Reissue issue fee (inc. advance copies)		130	130	Petitions to the Commissioner		180	180	Submission of IDS		750	375	Request for Continued Examination (RCE)		Other fee (specify):				Subtotal (2)			210.00	Total Amount of Payment:			\$210.00
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## Submitted by:

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San Francisco, California 94111-4187CUSTOMER NUMBER **32940**

Signature:

Date: July 13, 2004

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